

Skincare Rounds: An Interdisciplinary Approach to Pressure Injuries On the Unit

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Background

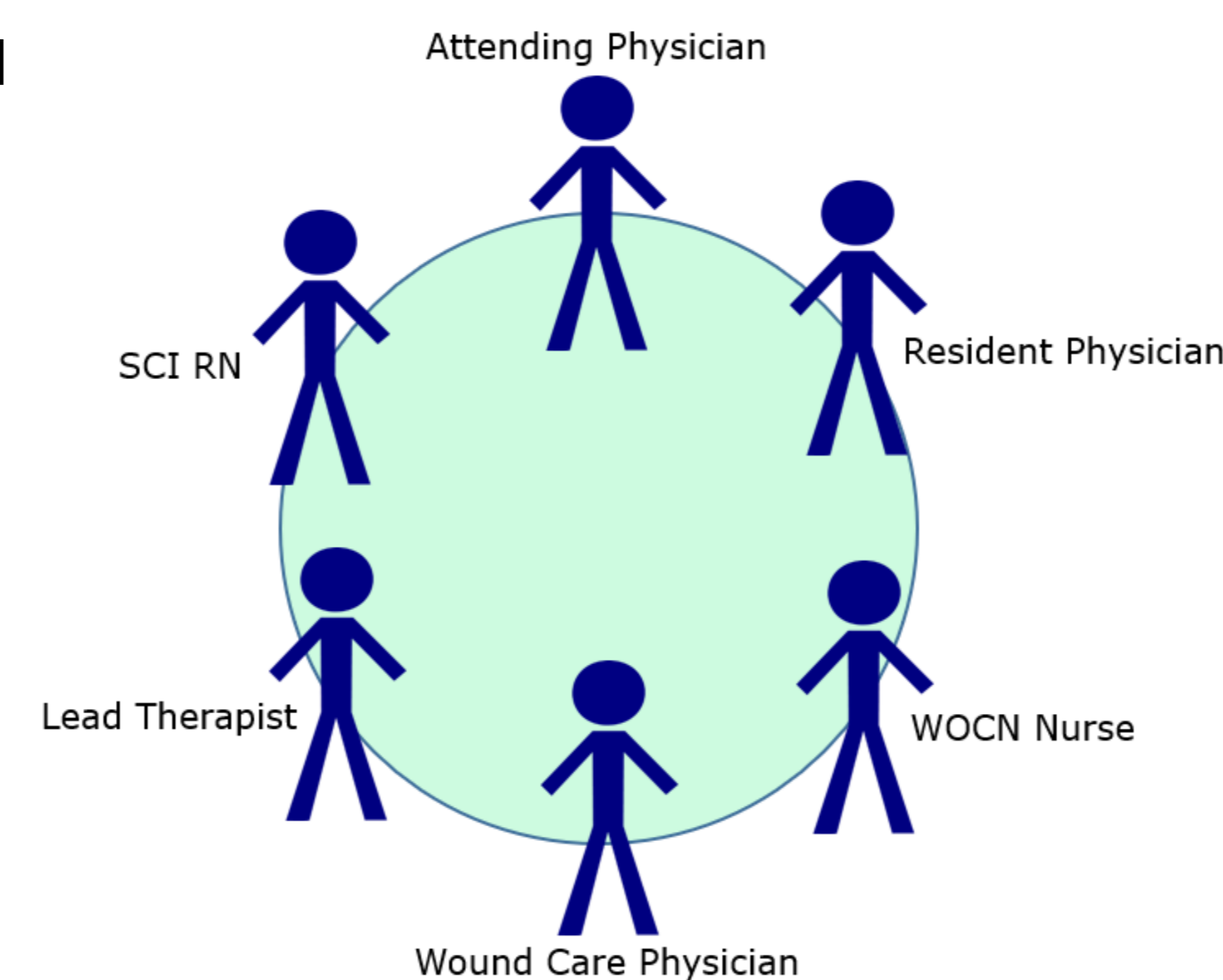
- Pressure Injuries are a common secondary complication in Spinal Cord Injury
- 20-50% of people with a spinal cord injury develop at least one hospital acquired pressure injury during initial hospital stay
- 25.2% of people with a spinal cord injury develop pressure injury in first year post injury
- Pressure injuries cost the health care system \$11 billion a year in the USA
- There were differences noted in the nomenclature and plan for treatment of skin breakdown from the wound care nurses and the rehabilitation team
- Improved communication was required to maximize patient care

Methods

- Skincare rounds conducted on a weekly basis by the physiatrist team and members of the wound care team
- A standard time was chosen and all relevant parties were alerted
- Therapy schedules were adjusted to allow for patients' presence
- Sacral skin and heels were evaluated on all patients at risk of skin breakdown
- Photos taken of every wound and documented in wound care note
- Measurements taken of wounds and documented in physiatrist and wound care notes
- Wound evaluations were not limited to pressure and/or moisture

Results

- Communication greatly improved during our rounds between all teams with categorizing breakdown, management adjustments, and modifying surface support system use
- Rounds initiated in depth conversation between all team members to bring focus on terminology for identification and management of the breakdown leading to changes in management strategies on a case by case basis
- Discussions made on future research possibilities to evaluate improved care in the setting of pressure injuries/breakdown while patients are in Spinal Cord Injury Rehab Setting



| Goals of Skin Care Rounds |
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| Reduce the amount of missed skin exams due to patients being up in chair/ therapy gym |
| Improved utilization of photo capturing wounds on the unit |
| Agreement on documentation of the skin breakdown |
| Agreement on modifications of treatment for the skin breakdown |
| Wound care education for trainees |

| Patient Selection |
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| AIS A, B, and C |
| Decreased mobility |
| Known skin breakdown |
| Known Wounds (surgical incisions, lacerations, GSWs) |

| Team Member Roles | |
|-----------------------|--|
| Title | Role |
| Attending physician | Leading rounds, patient selection, SCI considerations |
| Resident physician | Learning about wound care management, documentation into primary team notes |
| Wound care physician | Wound care expertise/ treatment plan, aid in communicating to surgeons |
| WCON registered nurse | Wound care expertise/ treatment plan, measurements, assist in taking picture of wounds and uploading into the chart |
| SCI registered nurse | Assisted in taking picture of wounds and uploading into the chart, communication in treatment plan to nursing staff |
| Lead therapist | Communicated to therapy team any changes to the wound, changes to treatment plan, and adjustment to therapeutic activities |

Future Quality Opportunities

- Pressure mapping on all support surfaces, including wedges to identify source of pressure injuries
- Creating a standard skincare rounds with Wound Care Team and Spinal Cord Injury Attending on consults to identify possible early breakdown in patients with newly acquired spinal cord injuries

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